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ABSTRACT

An introduction by Florence D. Grebner setting the discussion topic in context and three substantive papers on the future for professionalism within the American Alliance for Health, Physical Education, Recreation and Dance (AAHPERD) form the body of this document. The first of the substantive papers, entitled "Are We a Profession? An Emerging Profession" by Diane B. Walker, addresses questions on the benefits of professionalizing, barriers, trends, and costs. The second, "Ten Lessons from the Health Education Credentialing Experience" by Elaine M. Vitello, discusses the process of credentialing professionals in the health education field. The third paper, "The Past, Present, and Possible Future of Credentialing in Sport and Physical Education" by Earle F. Ziegler discusses the status of sport and physical education as professions, and concludes that they have historically been and continue to be perceived as emerging professions. (JD)

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ARE WE A PROFESSION? AN EMERGING PROFESSION?

INTRODUCTION

Florence D. Grebner

ARE WE A PROFESSION? AN EMERGING PROFESSION?

Diane B. Walker

TEN LESSONS FROM THE HEALTH EDUCATION CREDENTIALING EXPERIENCE

Elaine M. Vitello

THE PAST, PRESENT, AND POSSIBLE FUTURE OF CREDENTIALING IN SPORT AND PHYSICAL EDUCATION

Earle F. Zeigler

Presented at the Annual Meeting of the
American Alliance for Health, Physical Education,
Recreation and Dance

April 20-23, 1989

Boston, Massachusetts

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ARE WE A PROFESSION? AN EMERGING PROFESSION?

INTRODUCTION

Florence D. Grebner

This session, "Are We a Profession? An Emerging Profession?," is sponsored by all six national associations of AAHPERD. This session is the second in a series of three convention sessions. The first was held during the 1988 convention, and focused on "Credentialing Within the Alliance." The third will be presented at the 1990 convention.

The series of convention sessions has been planned by the AAHPERD Committee on Credentialing. The purpose of the Committee is to heighten the awareness of professionals in the effort to ultimately position the Alliance as a leader in promoting professional competence through credentialing activities, including certification, accreditation, licensure, and registration.

Are we a profession? An emerging profession? Or are we merely an occupation?

What constitutes a profession? While there is no single set of criteria, there are commonalities among the various sets of standards for professional practice, including standards for entry-level practitioners, a code of ethics, and regulatory standards. Any would-be professional group which ignores this criterion forfeits the privilege of becoming or being a profession. The Alliance must understand that unless it establishes and promulgates standards for professional practice, its status as a profession is in question. What then, becomes the role of the so-called professional organization? If it doesn't claim jurisdiction over the practice of its applied disciplines, it is nothing more than a special interest group which serves only its members. There is no commitment to serving consumers, the very reason for a profession to exist in the first place.

Are we a profession? Is health education a profession? Is recreation a profession? Is physical education a profession? Both health and recreation professionals have taken systematic steps toward professionalization. Physical education, dance, and sport professionals have been considerably less systematic.

Addressing our topic today are four professionals who have been active in the quest for professionalizing their fields of study.

- Dr. Diane Walker will present the primary address, "Are We A Profession? An Emerging Profession?"

  Professor of Dance at the University of Idaho, Moscow, Dr. Walker has developed a NASDTEC accredited dance education program at her University. She has served as a member of the Certification Committee of the National Dance Association, and is a member of the Alliance Credentialing Committee.

- Dr. Elaine Vitello will address, "Ten Lessons from the Health Education Credentialing Experience."

  Professor of Technical Studies and Health Education at Southern Illinois University, Carbondale, Dr. Vitello has been in the mainstream of health credentialing. She is a member of the Interim Board of Commissioners for the National Commission on Health Education Credentialing.

- Dr. Tony Mobley will address, "Two Essential Elements in Credentialing: Public Sanction and COPA Recognition."

  Dean of the School of Health, Physical Education and Recreation Indiana University, Bloomington, Dr. Mobley has played a major role in the emergence of the National Council on Accreditation for Recreation. He is credited with contributing to the success of this accreditation program in obtaining COPA recognition.

  NOTE: Dr. Mobley's presentation does not appear in this document. It does appear as part of the audio cassette tape which was recorded during the session.

- Dr. Earle Zeigler will address, "1940's-1980's-2020's on Credentialing: Past, Present and Future."

  Professor of Physical Education at the University of Western Ontario, Canada, Dr. Zeigler has written about the need for professional licensing and has been an active NCATE accreditor. He is also an historian.

- Dr. Florence Grebner is serving as the presider and introducer of the session.

  Professor of Physical Education at Illinois Benedictine College, Lisle, Dr. Grebner has written about the need for professionalizing the Alliance. She is chair of the Alliance Credentialing Committee.

ARE WE A PROFESSION? AN EMERGING PROFESSION?

Diane B. Walker

University of Idaho

Presented: 20 April 1989

AAHPERD - Boston, MA

Running head: ARE WE A PROFESSION? AN EMERGING PROFESSION?

The concept of professionalism is nebulous. Looking at professionalism is like the well-known story of the three blind men describing the elephant. AAHPERD is a diverse and dynamic group which serves the broad areas of health, leisure and movement-related activities. Each branch is in touch with part of the elephant (professionalism), but do any take in the "whole"?

When considering professionalism, there are many, many more questions than there are answers. This paper will address some of them: Who is the "we" in the title? What is a profession? What is a typical process toward professionalism? What are the benefits of professionalizing? What are the costs and the barriers? What are the trends? What various courses of action are open to us?

Question # 1: Who is the "**WE**" in the title? The Alliance itself? The constituent associations? The individual members?

The convention theme is "Strength Through Diversity!" Our diversity takes us into the following areas: educational, recreational & leisure, artistic, therapeutic, health, fitness/wellness and competitive - with our commonality being "through the physical". There is an assumption that we have a common theoretical and scientific

basis with certain elements being more relevant to each branch and allowing that branch to be recognized as a separate entity.

Does our strength become our weakness as we perceive ourselves also as disparate? Is it important to listen as individuals and individual disciplines, as well as corporate members, when considering where we are on the occupational continuum and in the professional hierarchy?

Question # 2: What is a **PROFESSION?** A clear understanding of the characteristics of a profession can be indispensable in examining where we, as branches, and as an alliance stand in regard to professional sovereignty.

Paul Starr (1982), a Harvard sociologist, cites the main attributes of a profession as cognitive, collegial and moral. It is "an occupation that regulates itself through systematic, required training and collegial discipline; that has a base in technical, specialized knowledge; and that has service rather than profit orientation, enshrined in its code of ethics (p. 15)." He continues, "Professionalism represents a form of occupational control rather than a quality that inheres in some kinds of work. ...also a kind of solidarity, a course of meaning in work, and a system of regulating belief in modern societies (p. 16)."

Sociologists began observing the phenomenon of professionalism in the middle of this century because it plays a dominant role in life patterns, determining behavior and shaping personalities. In evaluating our place on the occupational continuum and our ability to rise within the professional hierarchy, we need to look at an ideal picture of a profession. This recognized exaggeration of reality is unavoidable and necessary. The model must be clearer and sharper than actuality so that we have a clear concept of that to which we refer.

Ernest Greenwood (1957), a leading sociologist at the University of California, Berkeley, distilled five elements which all professions seem to posses (in degrees): systematic theory, authority, community sanction, ethical codes, culture. He noted that much of the difference on the occupational continuum is qualitative, not quantitative.

I've elected to discuss only Authority and Community Sanction in detail. Authority: a surrender of private judgement is tied into the acceptance of authority. The noted sociologist, Everett C. Hughes, said "...Professionals **PROFESS**. They profess to know better than others the nature of certain matters, and to know better than their clients what ails them or their affairs. This is the essence of the professional idea and the professional claim..." (Haskell,

1977, p. 28).

Starr (1982), who studied the social transformation of American medicine, writes that the roots of authority lie in dependence and legitimacy. "The chief basis of dependence upon professionals is their superior competence (p. 11)" and legitimacy comes from members of a **COMMUNITY** that has objectively validated their competence. Authority has economic value in that it may be a short cut to where reason or coercion would ultimately lead.

COMMUNITY SANCTION of authority gives power through accreditation, some form of credentialing, and professional privileges. The authority is reinforced by police power when necessary. This monopoly of recognized skill, which the community grants to a group, is a prime objective of occupations seeking professional status. A would-be profession uses its associations to engage in an **ORGANIZED ACTION** to convince the community that it will be advantageous to grant a monopoly. The profession seeks to prove:

1. their skill requires specialized education,
2. & therefore delivers superior, selfless service,
3. & serves a sufficiently socially important human need to justify the superior performance (Greenwood, 1957).

Questions # 3 & 4: What is the process of professionalization? Where are **"WE"** in this process?

Wilensky (1964) describes a typical process which he claims is a necessary and logical evolutionary path. Occupations trying for professional recognition often try to **MANUFACTURE THE STEPS**. Wilensky's five steps are as follows:

1. Stake out a jurisdiction - start doing full-time the thing that needs doing.
2. Establish training schools.
3. Form a professional association which defines **PROFESSIONAL TASKS** and works to separate the competent from the incompetent.
4. Protect job territory through persistent **POLITICAL AGITATION** to win the support of the law. In considering **CREDENTIALING**, it is important to remember that licensing and certification is not a unique feature of a profession - skilled labor is also certified. If the area of competence is not clearly exclusive, a title, indicating legal protection, evolves (Certified Public Accountant, Registered Therapist).
5. Develop and adopt a formal code of ethics. (Wilensky indicates that this may appear at the

beginning of a campaign for professional authority by current occupations, but in 10 out of 13 **ESTABLISHED** professions or professions in process, it evolves as the last step.

Question # 5: Where should the **FOCUS** of professionalization be? At this point it seems important to address the dichotomy of occupation and discipline. Teachers and teacher/coaches make up the largest percentage of membership in AAHPERD (57%). The United States Department of Labor and the Census Bureau already list teachers under Professional Specialty Occupations (administrators fall under Managerial Occupations).

However, the Carnegie Report, the Holmes Report, the American Federation of Teachers and the National Education Association all bring professional status in public school teaching into question. The Holmes Report (1986) states that society has failed to treat teaching as a profession, the rewards, career patterns, working conditions and professional responsibilities of teachers indicate a second class occupation.

Mary Futrell, President of the National Education Association, notes that **AUTHORITY** is spread among state legislatures, state boards of education, state boards of higher education, higher education institutions, and local

school boards. She says "this diffusion of responsibilities makes a mockery of the ideal of accountability" (1987, p. 2). No other "profession" includes emergency licensing, but, in 1987, 41 states still permitted school districts to hire women and men who lacked all formal preparation for teaching. An estimated 200,000 teachers held emergency licenses.

The Carnegie Forum on Education and The Economy states that "Professionals are presumed to know what they are doing, and are paid to exercise their judgement. ...Schools...operate as if consultants, text book authors, trainers, etc. have more expertise than teachers." (1986, p. 57).

When we, in AAHPERD, talk about professionalization, are we considering teaching as the profession or is the discipline of dance, health, leisure or physical education creating a dual base? Can the occupation of **PHYSICAL EDUCATION TEACHER**, for example, be separated out from the larger concern of the professionalization of teachers? Is this what we should be spending our time and energy on or should we leave it to the NEA and AFT?

Questions # 6-9: A profession **REQUIRES** an **AUTHORITATIVE BODY** to function similarly to the American Medical Association. Can the Alliance take on this role?

Have **OTHER** professional organizations in our disciplines already preceded us in establishing standards? Can only some of our constituent associations take the leadership? How far along the continuum do we want to go? We need to look at both the benefits and the costs of professionalizing, as well as the trends in the established professions, in order to make this decision.

The **BENEFITS** of professionalization are **MARKET CONTROL and STATUS ENHANCEMENT.** Authorities in the field of professionalization write: "Professionalization is...an attempt to translate one order of scarce resources - special knowledge and skills - into another - social and economic rewards." (Larson, p. 77). "Market control is inextricably related to occupational status: it not only **SYMBOLIZES STATUS** but also enhances it instrumentally, both by restricting numbers (scarcity being an intrinsic measure of status as well as a means of increasing income) and by controlling the characteristics of entrants." (Abel, 1986, p. 2). And along with the monopoly of skill and status comes high income.

The **COSTS** ? The history of the process indicates that we can expect both internal and external conflict. Medicine, the most powerful and successful of the professions, was able to establish **SOVEREIGNTY** when its

structure shifted from dependence on clients to an interdependence on colleagues. Starr (1982) indicates that as professional bickering decreased, the authority of the profession increased.

Sociologists predict the following conflicts over internal unification:

1. Conflict over who shall be included (and excluded).
2. Definition of core tasks.
3. Contest between the establishment and the new comers. (Larson, 1977, Wilensky, 1964).

External conflict will occur with neighboring occupations. The lay public has great difficulty in recognizing the need for special competence in service in recognizing the need for special competence in service areas where the types of problems are inherent in everyday life and no obvious, exclusive competence is apparent.

The next question (#10) is: What are the **BARRIERS TO PROFESSIONALIZATION?**

Bureaucracy is a primary barrier to professionalism. Larson (1977), a Berkeley sociologist, indicates that profession is the antithesis of bureaucracy. A complex organization develops its own controls and the professional gives up ultimate authority (e.g. hospital administration

and doctors). Bureaucracy also enfeebles the service ideal. Comfortable routines take command and the professional looses sight of the client (e.g. group health units). (Wilensky, 1964). One positive note is that, although bureaucracy exists within the education profession, administrators rise from the ranks and have been educated in the professions values.

Wilensky (1964) cites another threat to exclusive jurisdiction, Familiarity with the Technical Base. If the technical base is too vague or too narrow, that is if it consists of a familiar vocabulary or a set of rules which can be learned by most people, then the community is not convinced of the need to grant a monopoly. The optimal base of knowledge or doctrine for a profession requires both explicit and implicit knowledge.

Implicit knowledge, called tacit knowledge by Wilensky (1964) and the Wisdom of Practice by Lee Shulman of Stanford University (Needham, 1988), comes from practical experience and is that which gives a profession an aura of mystery. Lawyers are particularly effective in using this in establishing the mystery of law and the myth of majesty (Wilensky, 1964).

While we are still struggling up the professional hierarchy, two of the established professions, medicine and

law, are beginning to write about **DEPROFESSIONALIZATION** and **DECREASED AUTONOMY.** Six major causes of the deprofessionalization trend (Reed & Evans, 1987) are:

1. megacorporations and therefore a concentration of resources and computer-based managerial systems, **PROFITABILITY** becomes a standard for employment,
2. increased government regulation,
3. incursion of other professions, semi-professions, would-be professions,
4. increased number of career administrators,
5. litigation,
6. self-help movement.

Reed and Evans (1987) in writing about the social costs of deprofessionalization in medicine note that there is a weakening of the therapeutic mystique as physicians become technicians carrying out administrative orders and subsequently a devaluing of initiative, innovation and sense of judgement occurs resulting in **UNIFORMITY.**

What is in the **FUTURE?** Will professionalism inevitably disappear? The phenomenon of professionalization came into existence as a result of socioeconomic trends, as well as internal developments within occupations, at the end of the 19th century. Reed and Evans write "Perhaps it is historically determined that professionalism inevitably will

disappear as our society follows the course of economic and organizational evolution." (1987, p. 3282).

The **LAST QUESTIONS** focus on various courses of action available to the Alliance. Should the Alliance commit itself to establishing complete professionalism? This requires a careful analysis of our position on the professional hierarchy and consideration of the costs, benefits, barriers and trends.

If we choose to complete the process, defining professional tasks, establishing standards, a code of ethics and sanctions will be the easier of the steps. The bigger questions relate to the more intangible aspects of professionalization.

Do we/**AAHPERD** have the **CORPORATE ORIENTATION** necessary to become a single professional body? Are we going in the opposite direction? Several keynote speeches I have heard over the past year address the fragmentation of the Alliance. Does this indicate a trend toward splintering? Groups tend to divorce themselves in the process of status enhancement - attempting to indicate "we're different and we're better" (J. DeMartini, personal communication, April 14, 1989). Are we willing to risk this?

Can **AAHPERD** gain the widespread grassroots support necessary to claim a monopoly of skill in all areas served?

The **AMA** can serve as a model. When it became the authoritative body, it had a structure **REQUIRING** membership at the county level. This gave everyone a voice at the state level and above. The **ama** saw the country level as "gatekeepers" to membership. Presently, **AAHPERD** does not require membership in the state association for membership in the regional or national organization.

Can the Alliance or its constituent associations establish a mystique and convince the public that our skills are scarce? Can we develop a greater public appreciation of our **TACIT KNOWLEDGE?** It is more difficult to define and defend a monopoly when **VISIBILITY** is too low. What strategies can we devise and implement to increase awareness of our professional knowledge base and skills? Do we have a clear vision of our potential cliental, those who we are persuading to grant market control and to use our services?

As I said at the beginning, the discussion of professionalism is nebulous. **AAHPERD** presidents Robert Pestolesi and Jean Perry have had the foresight to initiate and support this self-evaluation through the **AAHPERD** Credentialing Committee. We are just beginning to ask the questions and to seek the answers. Whatever our final choice, this process can only strengthen us and move us forward.

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AAHPERD MEMBERSHIP

BREAKDOWN OF OCCUPATIONS AS OF OCTOBER, 1988

TEACHERS - 36%

TEACHER/COACH - 21%

PROGRAM DIRECTOR/AGENCY - 10%

STUDENT - 7%

EDUCATION ADMINISTRATOR - 5%

1%

AGENCY ADMINISTRATOR

RESEARCHER

ATHLETIC DIRECTOR

LESS THAN 1%

ATHLETIC TRAINER/SPORTS MEDICINE

INTRAMURAL SPORTS DIRECTOR

SPORTS OFFICIAL

PROGRAM DIRECTOR/RECREATION - PARKS

PROGRAM DIRECTOR/HOSPITAL - CLINIC

FITNESS DIRECTOR/BUSINESS - INDUSTRY

RETIRED

OTHER - 3%

BLANKS - 17%

TEN LESSONS FROM THE HEALTH EDUCATION CREDENTIALING EXPERIENCE

Presented by

Elaine M. Vitello, Ph.D.

Annual Meeting, American Alliance for Health,
Physical Education, Recreation and Dance,
Boston, Massachusetts, 1989

Program Session: Are we a Profession? An Emerging Profession?

TEN LESSONS FROM THE HEALTH EDUCATION CREDENTIALING EXPERIENCE

First, I would like to point out that currently we are completing the charting phase of the certification process. For some of you, the term "grandfathering" would mean the same thing. In order for Health Education to achieve this goal, it has taken nearly 10½ years of many hours of hard work, dedication and commitment from many individuals. From the first Bethesda Conference held in November, 1978, until now, the following events have occurred.

1. Presidents/chairpersons of the 8 organizations comprising the National Coalition of Professional Health Education Organization should become a task force to seek support for and to implement a credentialing mechanism for the field.
2. Creation of the National Task Force (now the National Commission for Health Education Credentialing, Inc.).
3. Using guidelines developed by the U.S. Bureau of Health Professions
   a. A federal grant, housed at the National Center for Health Education, supported the role definition phase of the Role Delineation Project.
   b. A second federal grant housed at the National Center for Health Education supported the verification and refinement of the role.
   c. A consortium of universities in the Washington, D.C./Maryland area worked together to determine the typical scope of professional preparation programs.
   d. A curriculum guide was developed as a resource document for professional preparation programs.
   e. Regional workshops were held throughout the United States to demonstrate how to use the guide and to obtain input for needed revision.
   f. The guide was revised and published as A Framework for the Development of Competency-based Curriculum for Entry-level Health Educators.
   g. The National Council for Accrediting Teacher Education now uses this framework as their guide in accrediting programs of health education housed in teacher education programs.
   h. Site reviewers for the Council on Education for Public Health use the framework as one of their references as they accredit schools of public health and other university programs offering a master's degree in health education.
   i. Under the National Commission a credentialing system has been implemented beginning with the chartering period for the certification of health education specialists.

From these, I would like to present at least 10 lessons we have learned.

1. Determination of the appropriate type of credential is essential. It was not until the second Bethesda Conference (Feb. 1986) was the directive made by participants to support individual certification.

2. The group selected to oversee the credentialing process should be composed of individuals who represent the professional associations as well as individuals who represent consumer interests.

3. The individuals selected to direct the process, even though they are members of one or more of the professional associations, do not speak for or represent the professional association when the group in this case, the National Task Force, is convened.

4. Communication with all professional associations represented is essential. For Health Education, members of the Task Force/Commission serve as liaisons to one of the professional associations. It is the responsibility of that person to communicate with the Executive Directors and/or presidents/ chairpersons as well as newsletter editors.

5. When more than one national professional association exists, the credentialing process, in this case, certification, takes place outside and separate from the professional associations. For Health Education, more than 1 professional association exists, therefore the National Task Force/ Commission has assumed the responsibility until such time that the 3 Boards and the total Commission are in place. The 3 Boards are: Professional Preparation; Professional Development; and Certification for Health Education Specialists. Individuals who will serve on these boards will be elected from the pool of chartered health education specialists.

6. In addition to national presentations, it is imperative that local and regional workshops and presentations be offered to inform and dialogue with professionals who represent different perspectives and work settings.

7. Involve as many individuals as possible throughout the entire process. Some may not even realize that they have participated. For example, during the role delineation and role verification phase several hundred practitioners were surveyed and queried about their roles and functions as health education specialists. Also, in 1981, at the Birmingham Conference, colleges and universities which offered programs in Health Education, were invited to send two representatives.

8. Select an agency to oversee the credentialing process which has a proven track record. For Health Education, the Professional Examination Service is an independent national professional testing agency with nearly 50 years of experience in the development of credentialing examinations specializing in the health care field. PES has administered the charter certification phase and will work jointly with the National Commission to develop the examination based on the defined competencies for the health education specialist.

9. Credentialing in a multiphasic dynamic process which takes much time and develops over a period of years. As mentioned previously, many defined steps and documented meetings have occurred since the first Bethesda Conference.

10. There must be input and involvement from all professionals (Health Educators) and not from those from just 1 national association. Working groups are the backbone of success. Volunteerism is essential.

The Commission believes that this process has been a productive one. As of this date over 5,000 applications for chartering have been requested. Of these PES has received over 1,000 completed applications.

The overall impact of the health education credentialing process on the Alliance has yet to be determined but it is essential that all professionals in the Alliance understand that standards of excellence and competent professionals are a basis for acceptability and respect from our consumers. Credentialing is a positive step in achieving these goals.

Thank you.

EMU
5/89

THE PAST, PRESENT, AND POSSIBLE FUTURE OF CREDENTIALING IN SPORT AND PHYSICAL EDUCATION

Earle F. Zeigler
The University of Western Ontario

If we in the field of sport and physical education, as defined by the National Association for Sport and Physical Education, state that we are a profession in this last quarter of the 20th century, we should understand how a profession is currently defined. We should also be able to argue convincingly that our "profession" meets the necessary qualifications for such status.

Definition and Professional Categories

Generally speaking, a profession can be defined as an occupation which requires specific knowledge of some aspect of learning before a person is accepted as a professional person.

However, it can be argued that there is no generally acceptable definition today--i.e., it is impossible to characterize professions by a set of necessary and sufficient features possessed by all professions--and only by professions (Bayles, 1981).

Also, a close examination reveals that there are categories of professions as follows: consulting, teaching, research, performing, managerial, etc.

What Are the Necessary Features of a Profession?

The above notwithstanding, the following may be considered as three necessary features of an occupation that can also be designated as a profession:

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(a) a need for extensive training,

(b) a significant intellectual component that must be mastered,

(c) a recognition by society that the trained person can provide a service that is basically important to society.

Other Features Common to a Profession

Additionally, there are some other features that are common to most professions as follows:

(d) licensing by state/province or professional body,

(e) establishment of professional societies,

(f) considerable autonomy in work performance, and

(g) establishment of a creed or code of ethics (adapted from Bayles, 1981, pp. 7-9).

Where Does Sport and Physical Education Stand?

From what has been said above, can the field of sport and physical education, as defined by the National Association for Sport and Physical Education, qualify for full professional status? I hardly think so--that is, qualify as a recognized profession separate from the teaching profession. Somehow, we have been calling ourselves an emerging profession for so long that I'm beginning to think that the baby was a stillbirth and that rigor mortis is beginning to set in. I'm beginning to fear that no amount of bottom spanking, injection, immersion for shock, emergency oxygen, or cardiopulmonary resuscitation is going to bring about "screaming life" to a group that

has been sheltered for so long by the arms of what is usually considered to be the teaching profession.

Most of our colleagues seem to feel that their own problems as school or college physical educators and coaches are sufficiently serious and time-consuming to take all of their energies and efforts as workers. They have their various state, regional, and national teaching associations to relate to, in addition to the state, regional, and national physical education and sport affiliations. Additionally, many of these people are involved with one or more coaching groups. So the question seems to be the following: "How can we get teacher/coaches of sport and physical education in public schools ready and willing to get in there and pitch for recognition of their public, private, and commercial agency colleagues as independent professionals separate from the public educational system?" The answer seems to be, "With difficulty!"

There is another concern I have that demands a careful, definitive answer. Here I am referring to the question as to whether matters have really gotten as bad as VanderZwaag concluded in 1983 when he stated that, "Physical educators are beyond the point of danger"; they are "lost in the shuffle, and have been for some time" (p. 67). What he proposes is a major reorganization so that the field would no longer exist as such. Instead it would become instead (1) sport management, (2) dance management, and (3) exercise science. Admittedly, it is true that such a classification could work whether the individual concerned is working <u>inside</u> the school environment or <u>outside</u> in public, private, or commercial agencies. He argues that such a change is needed because the public is completely confused

about what it is that we do. Such a three-pronged approach would truly inform a typically ignorant public about what it is that we do (p. 73). From this point on, then, I presume I am speaking to you as a sport manager!

An Endless Search for Identity

Seriously, this argument does give one pause for thought. As a still-incipient profession, we have--for far too long--been going through a search for identity. Such a search obviously has a most close relationship to what we call ourselves. Many of us are old enough to remember when the pressure came in the early 1960s for our profession to go all out to promote a really substantive disciplinary emphasis. Believe it or not, it was actually a generation ago when Conant attacked our field so directly and destructively (1963). C. H. McCloy had warned us in 1957 (pp. 33-34) about the time when Sputnik went up that we had better improve our scholarly efforts, but his warnings from within the field were heard but not really assimilated. However, after the "infamous charge" made against us by Conant in 1963, the fat was in the fire and strenuous efforts were indeed made to provide us with disciplinary status. Of course, we all know the unfortunate rift that has developed now between the profession and the so-called disciplines, and what this has done to prevent the field from reunification and forward progress as a full-fledged profession. To make matters worse, many physical education units within college and universities are now frantically searching for some esoteric program title (e.g., human kinetics, ergonomics, kinesiology) so that state legislatures don't eliminate their major program with a stroke

of the pen because of the presence of the word "education" in their titles.

What Steps Should We Take Right Away?

Frankly, I don't believe that we can afford the luxury of internecine warfare at the present, in this case within a particular profession itself. The question here is what steps we ought to take right now--"like yesterday!"--to develop our field of sport and physical education more fully and more completely as a thoroughgoing full-fledged profession. May I suggest the following:

a. I believe that we should reach consensus on a name for the overall profession (i.e., I don't believe the name sport and physical education will do it). We've got a "big mess" going here now what with the aftermath of the Holmes Report in professional education. This group of education deans, by its recommendation that professional education courses should not be offered at the undergraduate level, evidently occasioned an accompanying disrepute of the term "education." Since physical education units are typically housed within schools of professional education, that has really created a serious predicament for our field. At the college or university level, should we change our name to sport and physical activity or developmental physical activity or exercise and sport science or Kinesiology or what? I have my preference (i.e., developmental physical activity), but the most important step to take is to resolve the matter definitively one way or the other at the first possible moment. As I see it, there is a great danger if, in the process of

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choosing our new name at the college level, we forget our identification with professional practitioners out in the field.

b. I believe that we should define our "credentialing terms" more carefully. I find there is great confusion here. I ask you, have we truly defined the differences among the terms "registration," "accreditation," "certification," and "licensing" so that all of our colleagues understand the difference? I believe that we register with a professional registry, but that professional training institutions are accredited. Professional practitioners are **licensed** in the state/province in which they practice. I think beef and pork, for example, are better certified for public consumption--but that terminological problem can be ironed out. The word "credentials," however, is used in common parlance to say generally that someone is presumably qualified in some recognized manner to undertake a recognized task or responsibility. The question is how this terminology differs from profession to profession in other fields and also how it may vary from state to state (if it does). After that, we must decide what ramifications such determination has for us?

c. I believe that we should treat each profession (including dance) within the Alliance separately. Our diversity within the Alliance, and even within NASPE, will make any effort at credentialing (however described) a "humongous" task. Thus, permitting and encouraging voluntary registration at the national level of graduates of voluntarily accredited college and university programs in health education or sport and physical education (or whatever) or recreation, or dance (education), respectively, could well be a first step. This

has been proposed as far back as the 1940s (my first decade in the profession).

d. I believe that we should move forward to have all professional practitioners--wherever they work--basically licensed by the state (or the province in Canada) as members of one profession. Here I am, for example, referring to what we now call "sport and physical education" (or "physical and health education" in Canada). The actual licensing, I presume, must occur universally within each state or province on the continent as approved by its individual legislature. There will need to be sponsored legislative acts, I believe, that would create a general license for the profession. The other professions should follow a similar approach. Then this should be followed, I believe, by special licensing requirements for teachers in publicly supported institutions in the case of sport and physical education or health education or recreation education or dance education. From this it could follow that there would be special licensing "extensions" for fitness specialists as opposed to (say) sport managers or physical recreation specialists or whatever in the public, private, and commercial sectors. Everything considered, this would appear to be the best approach to take at the present.

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